



**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse  
Services**

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Michael F. Easley, Governor

Michael Moseley, Director

Carmen Hooker Odom, Secretary

March 17, 2005

**MEMORANDUM**

**TO:** Area Directors  
CAP-MR/DD Coordinators

**FROM:** Mike Moseley

**RE:** Transition to new CAP-MR/DD Waiver

Subject to approval from the federal Centers for Medicare and Medicaid Services, we anticipate implementation of the new comprehensive 1915(c) Home and Community Based waiver for persons with mental retardation (CAP/MRDD) will be July 1, 2005. In preparation for the transition from the current CAP/MRDD waiver to the new waiver, a variety of issues must be addressed in order to promote a smooth transition for all waiver recipients. The following provides guidance and instruction regarding this transition:

- Crosswalk from old service definitions to new service definitions:
  - A crosswalk grid is attached to this letter and additionally is posted to the Division website. For old service definitions that crosswalk directly to a new service definition with no changes (change in name only), the cost summary must be revised using the new Cost Summary format to reflect any rate change and service code change. A new service order must be issued.
  - For service definitions that do not crosswalk directly from an old service to a new service, a Plan of Care update form must be completed as well as a revised Cost Summary and service order.
  - For individuals who were previously receiving Supported Living services but will now receive Residential Supports based on living in a licensed residential setting or unlicensed AFL, it will be critical to insure that the current NC-SNAP score for the individual is accurate. The level of Residential Supports provided to an individual is based on the SNAP index score, which is derived by multiplying the total raw score times the overall level. Once determination is made as to level of Residential Supports it will be necessary to revise the Cost Summary and issue a new service order.
- Transition to new Plan of Care and Cost Summary:
  - Transition to the new Plan of Care format and Cost Summary will occur during the Continued Need Review process. For revisions required prior to the CNR, including those noted above, the new Plan of Care update form must be used.



- Transition to Utilization Review Guidelines:
  - Implementation of the Utilization Review Guidelines will not occur until the new waiver goes into effect on July 1, 2005. Transition to use of the Guidelines will occur when an individual's Plan of Care is being reviewed by the service authorization unit of the LME during the Continued Need Review process. It is critical to note that the application of the Guidelines occurs at the service authorization unit of the LME and not by the case manager. The Guidelines are not meant to be used as a means of determining the amount of services reflected on a Plan of Care. As has been noted in previous correspondence, the Guidelines are intended to be used as guidance and an opportunity for additional discussion when service needs are higher or lower than the Guidelines indicates.

During the month of April and May, regional training events for LMEs and providers will be scheduled to address the specifics of the new waiver and the process of transition. Topics will include such issues as assessment and level of care determination, the Utilization Review Guidelines, and new Plan of Care and Cost Summary formats. It is anticipated that the training and ongoing information provided will enable the transition from one waiver to another to be a smooth one. During this transition process waiver recipients and their families must be informed of changes that will be taking place on an ongoing basis. LMEs and case managers may not use the transition to the new waiver as an opportunity to reduce services without application of the person centered planning process.

cc: Secretary Carmen Hooker Odom  
 Lanier Cansler  
 DMHDDSAS Executive Leadership Team  
 Mark Benton  
 Chair, State CFAC  
 Chair, Commission for MH/DD/SAS  
 Chair, Coalition 2001  
 State Facility Directors  
 Carol Duncan Clayton  
 Patrice Roesler  
 Kaye Holder  
 Dick Oliver



### Service Crosswalk from Current CAP-MR/DD Waiver to Proposed New CAP Waiver

Current CAP Waiver Services	New Waiver Service	Changes in New Definitions
Adult Day Health	Adult Day Health	No change
Augmentative Communication	Augmentative Communication	<ul style="list-style-type: none"> <li>Covers technical assistance provided to individuals in the selection of aug com devices by qualified aug com tech professionals. May not duplicate evaluation and services provided by licensed speech, OT, and/or PT</li> </ul>
Case Management	Not available. (Provided under Targeted Case Management)	Use State Plan Targeted Case Management
Crisis Stabilization	Crisis Services	No change
Day Habilitation	Day Supports Community Component of Home and Community Supports for those individuals who will not have day programming needs met through a licensed day facility.	<ul style="list-style-type: none"> <li>Day Supports:               <ul style="list-style-type: none"> <li>May only be provided by a licensed day facility or licensed Developmental Day Care Center.</li> <li>Community Activities that originate from licensed day facility will be provided and billed as Day Supports.</li> <li>On site attendance at the licensed facility is not required to receive services that originate from the facility.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Services currently provided in licensed day facilities will use the new Day Supports definition</li> <li>• Services provided in non-licensed day facilities will use Home and Community Supports/Community component</li> </ul>
Developmental Day Care	Day Supports	<ul style="list-style-type: none"> <li>• See above</li> </ul>
Environmental Accessibility Adaptations	Home Modifications	<ul style="list-style-type: none"> <li>• Little change from previous definition:             <ul style="list-style-type: none"> <li>• New definition allows 3 years to expend \$15,000 as opposed to \$5,000 per year.</li> </ul> </li> </ul>
Family Training	Individual/Caregiver Training and Education	<ul style="list-style-type: none"> <li>• Includes training and counseling services for the individual and/or family</li> <li>• “Family” is defined as the people who live with or provide care to the person receiving waiver services, but does not include individuals employed to provide care.</li> <li>• Includes conference registration, travel to conferences, and enrollment fees for classes.</li> <li>• Excludes training furnished to family members through Specialized Consultative Services</li> <li>• Limited to a maximum expenditure</li> </ul>

		<p>of \$1500 per waiver year per person including maximum of \$1000 for conference registration, travel to conferences, and enrollment fees for classes</p> <ul style="list-style-type: none"> <li>• Paid service providers are excluded from this service.</li> </ul>
In Home Aide Level I	Not available	Report use under Personal Care Services
Interpreter	Not available	Included in service rate or provided under accommodation under Americans with Disabilities Act
MR Personal Care Services	<ul style="list-style-type: none"> <li>• Personal Care Services</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced level of PC has been added to meet the additional training/instruction needs specific to the medical and/or behavioral needs of the individual.</li> <li>• Individuals living in licensed residential settings or unlicensed AFLs may not receive</li> <li>•</li> </ul>
MR Waiver Equipment and Supplies	Specialized Equipment and Supplies	<ul style="list-style-type: none"> <li>• Addition of specialized adaptive tricycles</li> <li>• Eliminates specialized/adaptive equipment category</li> </ul>
Personal Emergency Response System	Personal Emergency Response System	No change
Respite Care Institutional	Respite Care Institutional	No change
Respite Care Non-Institutional	<ul style="list-style-type: none"> <li>• Respite Care Non-Institutional</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced level of respite has been added to meet the additional</li> </ul>

		training/instruction needs specific to the medical and/or behavioral needs of the individual.
Respite Care Non-Institutional Nursing	Respite Care Non-Institutional Nursing	No change
Supported Employment	Supported Employment Services	No change
Supported Living	<ul style="list-style-type: none"> <li>• Residential Supports or</li> <li>• Home and Community Supports</li> <li>• Day Supports</li> </ul>	<ul style="list-style-type: none"> <li>• Residential Supports:             <ul style="list-style-type: none"> <li>• Provided to individuals who live in licensed residential settings or unlicensed AFLs.</li> <li>• Provided in licensed residential settings of 8 beds or less. Individuals who live in licensed residential settings with more than 8 beds and participating in the CAP-MR/DD Waiver at the time of implementation of this waiver may receive Res Supports</li> <li>• With additional justification, LMEs may approve payment of Residential Supports in licensed settings of greater than 8 beds when requested by the individual/family under unique circumstances.</li> <li>• Individuals who receive Res Supports may not receive State Plan Adult Care Personal Care or waiver Personal Care</li> </ul> </li> <li>• Day Supports:</li> </ul>

		<ul style="list-style-type: none"> <li>• May only be provided by a licensed day facility.</li> <li>• Community Activities that originate from licensed day facility will be provided and billed as Day Supports.</li> <li>• On site attendance at the licensed facility is not required to receive services that originate from the facility.</li> <li>• Home and Community Supports: <ul style="list-style-type: none"> <li>• May be provided in an individual's private residence and/or in the community.</li> <li>• Individuals who live in licensed residential settings may only receive the community component of this service.</li> </ul> </li> </ul>
Therapeutic Case Consultation	Specialized Consultative Services	<ul style="list-style-type: none"> <li>• May not duplicate services provided through Individual/Caregiver Training and Education</li> </ul>
Transportation	Transportation	No change
Vehicle Adaptations	Vehicle Adaptations	<ul style="list-style-type: none"> <li>• Changed fiscal limit from \$10,000 per year to \$15,000 over the duration of the waiver (3 years)</li> </ul>